This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT O	FFICE USE ONLY
DATE RECEIVED	AMOUNT
02/27/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20172 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ccounting Period:	2011/2	FORM SA1-2E. PAGE 1
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TDS Broadband Service LLC	2945 ⁻
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowl
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	FORT CARSON	CO
Community	COLORADO SPRINGS	CO
ld Rows as Necessary		

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID# 29451

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RAT	Е
Residential:				
Service to first set	375	37.35		
Service to additional set(s)				
• FM radio (if separate rate)				
Motel, hotel	17	5.87-17.57		
Commercial				
Converter				
Residential	183	3.50-17.00		
Non-residential				
		T		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	7.40-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	29.95-49.95	Burglar protection			
 Additional set(s) 	17.99-29.99	Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	17.99-29.99		
		Move to new address			

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29451

TDS Broadband Service LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KRDO	13.1	N	Colorado Springs, CO
KKTV	11.1	N	Colorado Springs, CO
KKTV-DT2	11.2	N-M	Colorado Springs, CO
KXRM	21.1	N	Colorado Springs, CO
KXTU-LD	21.2	N-M	Colorado Springs, CO
KOAA	5.1	N	Pueblo, CO
KOAA-DT2	5.2	N-M	Pueblo, CO
KTSC	8.1	E	Pueblo, CO
KTLO-LP	46.1	<u> </u>	Colorado Springs, CO
KWHS-LD	51.1	<u> </u>	Colorado Springs, CO

Add Rows as Necessary

Accounting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	TDS Broadband Serv	29451		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61(a substitute program basis, a Substitute Basis Stations basis under specific FCC ru. Do not list the station her station was carried only on List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channer	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination of with a station according to its over-the form. It is number the FCC assigned to the tele	t (1) stations carried only on a part-ting carriage of certain network program (1(e)(2) and (4))]; and (2) certain stationarried by your cable system on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, reportance carried stationary of the general instruction program services such as HBO, ESPN e-air designation. For example, reportance carried stationary of the general instruction program services such as HBO, ESPN e-air designation. For example, reportance carried stationary of the carried stationar	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	(RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" ("E" (for noncommercial educational), cerms, see page (iv) of the general instrunction of each station. For U.S. stations, list dian stations, if any, give the name of the same of the sam	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station is	ndent), "I-M" nal multicast). s licensed by the
	4 CALL SION	2 DIGAST CHANNEL NUMBER	2 TYPE OF CTATION	A LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

29451

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			Ţ	1	T	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
I/A							
27.1	T	 					
	 		 				
	 	 					
	 	 	 				
	 	 	 				
	 	 	 				
	 	 					
	 	 	 				
	 	 					
	 	 	 				
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Accounting Perio	d: 2017/2 LEGAL NAME OF OWNER OF	CARLE CVC	TEM.				FOR	M SA1-2E. PAGE 5.
Name	TDS Broadband Servi		I EIVI.					SYSTEM ID# 29451
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	ıthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>		- p-p	
Special					ia any nanna	tuark talawi	nian nraaran	•
Statement and	During the accounting per	-	ir cable system	carry, on a substitute bas	sis, any nonne	etwork televis		
Program Log	broadcast by a distant sta	tion?				L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	e the progran	m
	log in block 2			•	-			
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another state under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the more first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurate to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in						tion n. nth ly		
	effect on October 19, 1976.							
		WHE	EN SUBSTI	TUTE				
	SUBSTITUTE PROGRAM				1 1	IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION

AME OF OWNER OF CABLE SYS Broadband Service LL S RECEIPTS Itions: The figure you give unts (gross receipts) paid ntified in space E) during it iii) of the general instructio oss receipts from subscrib ring the accounting period TANT: You must complete GHT ROYALTY FEE Dons: To compute the royal attentions: To compute the royal obek 1 if the amount of gross cock 3 if the general instruction ions: As a cable system with ting period is \$52.00 Royalty fee for accounting pu Interest charge. Enter the a	in this space determine to your cable system to he accounting period. In solution to space determine accounting period. In solution solution in the paperers for secondary transmers. The a statement in space with the your owers. The second in space K is solved in space K is solved in the paperer BLOCK 1: GROSS in gross receipts of \$137 period.	by subscribers for the For a further explanar r SA1-2 form. Smission service(s) P concerning gross \$ \$137,100 or less a more than \$137,10 a more than \$263,80 r SA1-2 form for more RECEIPTS OF \$13 and or less, the royal	o but less 0 but less informati.	secondary trans w to compute th than or equal to than \$527,600 ion.	Enter the total of smission services amount, see \$ 145 (Amount of growth) \$263,800	e 5,520.98		
etions: The figure you give unts (gross receipts) paid titlified in space E) during the general instruction oss receipts from subscribering the accounting period trans. You must complete the total compute the royal et elbock 1, block 2, or block 1 if the amount of grossick 2 if the amount of grossick 3 if the amount of grossick 4 if the amount of grossick 4 if the amount of grossick 5 if the amount	to your cable system to he accounting period. I was located in the paper ers for secondary transmers a statement in space ty fee you owe: ty fee you owe: ock 3. s receipts in space K is s receipts in space K is receipts in space K is receipts in space K is possionated in the paper BLOCK 1: GROSS in gross receipts of \$137	by subscribers for the For a further explanar r SA1-2 form. Smission service(s) P concerning gross \$ \$137,100 or less a more than \$137,10 a more than \$263,80 r SA1-2 form for more RECEIPTS OF \$13 and or less, the royal	o but less 0 but less informati.	secondary trans w to compute th than or equal to than \$527,600 ion.	smission services amount, see \$ 148 (Amount of gro \$263,800	e 5,520.98		
GHT ROYALTY FEE ons: To compute the royal ete block 1, block 2, or blo ock 1 if the amount of gros- ock 2 if the amount of gros- ock 3 if the amount of gros- ock 4 if the amount of gros- ock 4 if the amount of gros- ock	e a statement in space ty fee you owe: ock 3. s receipts in space K is ons located in the paper BLOCK 1: GROSS on gross receipts of \$137	P concerning gross s \$137,100 or less s more than \$137,10 s more than \$263,80 r \$A1-2 form for more RECEIPTS OF \$13	0 but less 0 but less e informati 07,100 OR	than or equal to than \$527,600 ion.	(Amount of gro	-		
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ting period is \$52.00 Royalty fee for accounting p	n gross receipts of \$137	,100 or less, the royal	Ity fee that					
ting period is \$52.00 Royalty fee for accounting p	period	,	•	you must pay for				
					this six-month			
Interest charge. Enter the a	mount from line 4 enac							
	illiount nom line 4, spac	e Q, page 8				0.00		
TOTAL ROYALTY FEE PA	YABLE FOR ACCOUN	TING PERIOD Add I	ines 1 and	2				
amount under statutory for	mula		\$	263,800.00				
r amount of gross receipts fr	rom space K		\$	145,520.98	_			
ract line 2 from line 1			\$	118,279.02	_			
the amount of gross receip	ts from space K			. <u>.</u> \$	145,520.98			
the amount from line 3				\$	118,279.02			
ract line 5 from line 4				\$	27,241.96			
ply line 6 by .005 (enter figu	re here)				\$	136.21		
est charge. Enter the amou	nt from line 4, space Q,	page 8				0.00		
AL ROYALTY FEE PAYAB	LE FOR ACCOUNTING	B PERIOD. Add lines	7 and 8		\$	136.21		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
the amount of gross receip	ots from space K							
-					-			
					-			
ply line 3 by .01					-			
					1,319.00			
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
FII	ING FEE AND TOTA	I REMITTANCE DI	JF					
· · ·			-					
lty Fee Payable for Account	ting Period (from Block	1, 2, or 3, above)		\$	136.21			
Fee (See the instructions for	or more information on t	filing fee calculations)		\$	20.00			
AL AMOUNT DUE FOR AC	COUNTING PERIOD.	Add lines 2 and 3			\$	156.21		
mportant: Your remittens	e must be in the form	of an electronic nav	ment nav	able to the Regi	ster of Convrig	htsl		
	BLOCK 2: 0 amount under statutory for amount of gross receipts fit act line 2 from line 1	BLOCK 2: GROSS RECEIPTS C amount under statutory formula	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE amount under statutory formula amount of gross receipts from space K act line 2 from line 1 the amount of gross receipts from space K the amount from line 3 act line 5 from line 4 bly line 6 by .005 (enter figure here) st charge. Enter the amount from line 4, space Q, page 8 AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 the amount of gross receipts from space K amount under statutory formula act line 2 from line 1 bly line 3 by .01 ty due on the first \$263,800 of gross receipts (under statutory formula) st charge. Enter the amount from line 4, space Q, page 8 FILING FEE AND TOTAL REMITTANCE DI ty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Fee (See the instructions for more information on filing fee calculations) AL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 mportant: Your remittance must be in the form of an electronic pay	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but namount under statutory formula	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 amount under statutory formula \$263,800.00 amount of gross receipts from space K. \$145,520.98 act line 2 from line 1 \$118,279.02 the amount of gross receipts from space K. \$ \$118,279.02 the amount from line 3 \$ \$118,279.02 the amount from line 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	amount of gross receipts from space K \$ 145,520.98 act line 2 from line 1 \$ 118,279.02 the amount of gross receipts from space K \$ 145,520.98 the amount from line 3 \$ 118,279.02 act line 5 from line 4 \$ 27,241.96 all line 6 by .005 (enter figure here) \$ \$ 27,241.96 all line 6 by .005 (enter figure here) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM IDA 29451
to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	16 270
N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Individual to Be Contacted	
for Further Information Name Peggy Smykal Telephone (802) 4	485-9748
Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip)	
Email finance@tdstelecom.com Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cin line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Amanda K. Moore Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Amanda K. Moore Title: Assistant Treasurer (Title of official position held in corporation or partnership)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	29451
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xdays Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.